

Health and Human Services Committee Meeting Transcript

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[3:33:42 PM]

>> Good afternoon everyone. I will call the meeting to order on Wednesday, April 12th. We're meeting in the council chambers, Austin city hall, 301 west 2nd street, Austin, Texas. The time is 3:33. Everybody, I think I've reminded them about parking, so everybody's gotten that taken care of. Before I go any further, I want to announce that we're withdrawing the ecigarette item that was placed there prematurely. It is not yesterday ready for public review. As soon as the legal department gets through, we'll bring it up as quickly as we possibly can. This has been going on for a while. The first item on the agenda is approval of the minutes of February 8th, 2017. Approval has been -- motion to approve has been made by councilmember Garza. Councilmember kitchen seconds. All in favor? Let it be known by raising your left hand.

[Laughing] It's unanimous on the dais. It's now time for citizens communication. And it looks like Mr. Gus Peña. And remember, in the committee meeting we have two minutes. Huh?

>> [Off mic]

>> You can read, okay. Thank you.

>> Want to speak about these real quickly, childcare services are on the increase -- or the need for childcare services and funding is on the increase. So I want the city council members and mayor to remain cognizant of that fact. Number 2, needy and veterans who will not go to the va clinic due to lack of trust. There's problems at the va clinic as we speak. We had a good article in usa today.

[3:35:43 PM]

Read it and you'll know about the problems we have. I'm a United States Marine Corps veteran, you'll know the problem we have with a lack of trust at the va clinic. Number 3, funding for Austin shelter for women and children. We need more funding for this type of situation. Number 4, mentoring, funding for mentoring programs for youth and children, very, very crucial to have the children be able to read and write, and also be lit rat -- literate on mathematics, one of the toughest subjects I have had to deal with in my life, even when I was a kid. I know this is posted for -- on the agenda, but please bear with me, public health advisory committee, try to get somebody from the community, also, that is representative of the city of Austin. Last, k2 abuse is on the increase. We're seeing that not only at Salvation Army, but I go to the the library, the main library. There are problems over there. Be cognizant of the fact that we need to support law enforcement to have also some healthcare supportive services for these individuals abusing k2. Help the children that are most needy. Help the vulnerable people, the needy who are most vulnerable, and that's all I have to say. Thank you very much. .>> Houston: Thank you, Mr. Peña. The next person is Hugo Diaz. And is Salvador Valdez here? Thank you so much, you have six -- four minutes.

>> Thank you. Hello. My name is Hugo Diaz, I'm a certified federal navigator for the federal care act. I work for the Latino forum as the enrollment coordinator. I am here to thank you for your support and ask for your continued efforts in supporting us next year to continue our assessment of the effects of the work completed for the rundberg community.

[3:37:49 PM]

The rundberg health initiative project is about communities and individuals harnessing local resources and expertise to help themselves. We believe that by bringing resources and enhancing individual skills, we can help develop infrastructure and tools which service providers and residents to empower the rundberg community themselves. In 2015, the Latino healthcare forum conducted a health assessment with the help of community members through a lengthy, qualitative and quantitative analysis of the rundberg community. That same year, we hosted a hackathon to help develop a custom mobile application. Community members and stakeholders were a key part of our hackathon and app development. The Latino healthcare forum is committed to utilize the community participatory research practices throughout the entire practice. In 2016, we conducted the rundberg community health improvement plan, also known as C.H.I.P., and identified the need of a initiative because of the engagement process. The community recommended that development of our mobile application, which consists of local resource directory as well as a speech-to-text function to support the rundberg community diverse population. Latino healthcare forum was very happy to place the first kiosk at a local arabic food market store within our -- with our rundberg community resource application. Thanks to the recommendations, the Latino healthcare forum and the community health worker training of rundberg with great success. Some of our certified community health workers are serving the rundberg community as part of our collaboration with the city of Austin office of sustainability, aisd, Austin voices and the refugee center.

[3:39:55 PM]

Our workers are working in the community addressing residents' needs such as physical activity, language, transportation, medical appointment support, medical navigation, followups, food access issues, referrals to wic and basic need assistance to patients, as well as enrollments to health insurance and community benefits. Two of our current project community health workers are here to tell you what they are doing right now. Thank you.

>> Houston: Thank you so much. Next up we have Ms. Sadon and then following -- did I say that correctly? Sahio. After that is Ms. ALMA?

>> Good afternoon. I came here as a Cuban refugee. I worked for the Latino healthcare forum. I'm a trained and certified community health worker and a federal navigator for the affordable care act and the benefits that come. Helping people with applications for medicaidship, food stamp and marketplace health insurance. I was placed in refugee services of Texas as a part of rundberg project. There I work on the medical team with Cuban refugees. I'm the bridge between the clients and the providers. I advocate and translate for them in their medical appointments. I help them toacclimate to society in the states, how to schedule their appointments, how to use the gps, how to use public transportation, and transportation services that medicaid offers as well. I also help them navigate the healthcare system once their medicaid runs out, because they will all need a new forum of health insurance. I give them all the resources so they can become self-sufficient in this country. Thank you very much.

[3:42:03 PM]

>> Houston: Ms. Almufiti.

>> Good afternoon. My name is Hannah. I'm a community health worker and federal navigator with Latino healthcare forum. I placed in caritas of Austin as a health worker. I'm helping their clients who are veterans or refugees by guiding them to the community resource, advocate for them, and giving health classes for ref refugee, educating them about the health options they will have after the eight month. As a community health worker, we believe in providing services for community by begin with safety network and then link them to their sources to achieve self-sufficiency. Also believe that a thriving community gather its strength from providing all members opportunity to be self-reliant. Thank you. .

>> Houston: Thank you so much for your comments today. Did you have a question? I want to welcome councilmember kitchen, who is new to the health and human services council committee. This is her first day. She and councilmember Garza just ran over here from capital metro. As I mentioned, we will not take up item number 4. And so the next is a briefing regarding the creation of a public health advisory commission.

>> Houston: I'm sorry. The northeast clinic? I saw you, and . . . It's good to have Mr. Jones.

[3:44:07 PM]

Mr. Jones, who is a private citizen.

>> Actually, this is my last official act.

>> Houston: Oh.

>> I'm on vacation, intending on retiring on the 28th. But I felt it important to come in and talk on these two issues, so thank you for the opportunity. I'd like to also thank Mr. Wallace who is joining us, the interim CEO for central health, and Ms. Anna, who has worked in the Travis county health and human services and veterans services department who's joining me here today. The presentation I will present is based upon the collaboration that we've worked with for quite some time to address the issues of health in the northeast part of the city and county. I'm going to start off by saying yes, we do have significant issues in all parts of the county, but as you'll see from the presentation today, when we look at actual services, we have some -- the northeast part of the county particularly has absolutely nothing. And I think it will be clear after we present our presentation today. The objective of this is to increase access to primary care and public health services to northeast neighborhoods in Austin and Travis county. The partnership has been made up of Austin public health, central health, colony park neighborhood association, Travis county health and human services department. When we're talking about defining the northeast area, what we're roughly talking about is that area that is south of 290, east of 183, over to 130 and slightly beyond that, and roughly down south to the Colorado river. Currently, when we look at hospital clinics and other service delivery centers, if you'll look at this you can clearly see that northeast part of the county, which is precinct one, and councilmember district one for the most part, there are actually only two facilities currently located in that area.

[3:46:20 PM]

One is a wic site, and one is a clinic up in the pflugerville area of the community. When we look by zip code, the community profile of what we see is medium age in this area is 33 33.3 years, 23% of the population no high school diploma, home value 200,000, median household income 43,000, unemployment rate is 5,000. Race and ethnicity highest concentration of black and hispanic origins, then rest of the county in contrast, a lower concentration of white population -- than the rest of the county in this area. 78724, the second zip code, the median age, 26.5 years. No high school diploma, 38%. Median home value 99,000, household income 38,000, unemployment rate roughly 3.7. Race and ethnicity highest concentration of black and hispanic than the rest of the county, and in contrast, lower

concentration of whites than the rest of the county. Now, it's important -- as a student of geography, it's important as we go through the rest of the slides to look at the northeast quadrant of the county. We have a profile from our recently submitted indicators report. And this first slide is the age adjusted all causes mortality rate by zip code -- cancer, diabetes, heart disease, respiratory disease, a variety of activities. And what we see clearly here is that in zip codes in the northeast and southeast part of the county, we have the highest rates of mortality -- preventable mortality -- I should say mortality in the county.

[3:48:24 PM]

So we currently start off with the understanding that most of the deaths are occurring in that part of the county. When we look at the average age of death, that is taken into account, the population age and the like, what we see is that most of the deaths the are current, once again, in that part of the county on the east and southeast part of the county. When we look at total health coverage, which is recently surveyed from the American community survey, we seen to the eastern crescent with the hub being in zip code 78724 and 78725, as well as 78617, we see the greatest level of lack of coverage in that quadrant and that part of the county. When we look at hospitalization per 100 people by zip code, what we see is that on the eastern side of the county, not just that area but the whole eastern side, hospitalization rates are highest in that area, with particularly in zip code 78724, a sizable number, and 78723 a sizable number of population utilization in the county. When we look at the U.S. Department of agriculture food desert by census track for the county, what we clearly see is that in the eastern part of the county, roughly between 290 and 71, the highest areas of what we call food deserts are identified. Those are areas within the county that are one mile in an urban community or ten miles one a rural community from the nearest supermarket or full service grocery store. When we look at the rates for HIV, once again in this same quadrant of the county, we see the highest rates.

[3:50:32 PM]

78725, 78742, 78724. Chlamydia, we're seeing the same situation. The highest rates in this case is 78742, which is south of the river, but still in the eastern part of Travis county. Gonorrhea, on the eastern side and the central part. Yet, with still high rates in that same area of northeast and eastern part of Travis county. Same pattern occurs when we look at syphilis rates in terms of area -- east, northeast, and southeast part of the city and the county. We recently conducted a partnership survey out at the colony park turner Roberts recreation center in which we asked citizens of this part of the county what are the identified gaps that they felt were important. And below are the list of those. Among those are dental services, health education resources, career/job resource fairs, sexual health screenings, mental health screening, preventive services, and the like. Residents responded to how can we help to improve your life adding things such as more parks and gym, ensure that neighborhoods get a clinic and a hospital, immigration information sessions, and provide equitable low-income and/or free health services and classes. One resident's feedback was, I was raised in this neighborhood, so I've been waiting 28 years for this type. Thank you. There are currently mobile services provided through the Austin public health quality of life initiative, and community care services in this. There is a clinic -- a mobile clinic that provides some services in turner Roberts and in other parts of this area, but there is no permanent clinic, and those services continue to be sporadic at best.

[3:52:46 PM]

There is a clinic in the city of Manor that is one of the smallest ones they have. And in northeast far, in Pflugerville, but the area we're talking about does not include those areas particularly. Travel time and distances interfere with access to appropriate, timely care. I've heard many times it takes four hours to get from parts of this community into the closest clinic that is available. Providers and facilities should be geographically accessible to where patients live and work. Better physical accessibility to primary care is likely to promote increased utilization of services such as childhood immunizations and may improve compliance with increasingly important chronic disease services including HIV that are being treated at these clinics. So if access to those clinics were there, we do believe that the mortality and morbidity rates with these diseases significantly would be impacted. With that said, I'd like to thank our partners for joining us. The purpose of this presentation is to encourage you to consider, as you go through your deliberative process, addressing that. If we look at where our clinics are currently located, right now there's no clinic, with the exception of the one in Manor, between U.S. Highway 183 all the way to the county line of Bastrop. When we look at locations of our food deserts, there is no full-service grocery store in those same areas. When we look at access to transportation, none of them are currently served by the Cap Metro service district. So when you complicate and put all of those things into one population geographically, when we look at the data, it is not surprising that what we see occurs. So we ask the council to consider, as you go through your deliberative process to support the efforts that the collaboration that has put forth.

[3:54:55 PM]

Central Health is a partner in addressing this, and we're working with them to identify a location and provide a clinic in this area. But public health services will need to continue to be provided as they are currently doing in a more utilized basis, in a more plentiful basis than we're able to do. The purpose is to encourage you to support the efforts that have been put forth by the collaboration. And I and my partners are here to answer any questions you may have -- with regards to that support. Thank you.

>> Houston: Thank you, Mr. Jones. Are there any questions for Mr. Jones, or Central Health or Travis County? Mayor pro tem.

>> Tovo: Thank you. Thanks very much for the presentation, and for highlighting this important need. Can you help us understand, kind of, what the next step is from the collaborative's perspective, or from a policy perspective?

>> Yes. What I'd like is to ask Mr. Wallace, interim CEO, to come forth and talk about the collaboration that he along with us have put together and I'll be happy to talk about, from a city point of view, what we might be able to assist on. Mr. Wallace.

>> Thank you.

>> Houston: Welcome, Mr. Wallace.

>> Thank you. What I would like to say, first of all, is Shannon Jones has done a great job. And he's leaving us to retire. But we intend to try to keep our string on him and bring him in as a resource. He has tremendous knowledge, expertise, and you know that as well as I. And we don't want to lose that resource. There are other partners that have joined us in this conversation. We began talking probably a year ago. And it was the City of Austin public health department, along with Travis County and Central Health.

[3:56:57 PM]

And since we began that conversation, we've had other partners join us. And those partners include Dell Medical School, Seaton Hospital, People's Clinic is also part of our conversation, as well as community care and Cap Metro have been in our meetings to understand our purpose. So our next steps in the

collaboration -- and what we're doing is talking to our governance bodies to number 1 create an awareness of what our intentions are as a collaboration, because each of us have to go through approval and budget processes. And it is our intent, really, next step is for the partners to come together and develop a scope of service. We've heard from the community. Those surveys have been done. Shannon has referred to some of those. We did a further survey, and what we had heard was a desire for pediatric services, family practice, urgent care, emergency room access, or at least some alternative, behavioral health was on the list, along with specialty care. So our next steps are to engage all of the partners and the behavioral health component is also represented through integral care -- and develop a scope based on what we heard from the community. We've also, in our latest conversations, included Alan graham from loaves of fish, which is really located in proximity about two miles, really, from our target area. And to see what potential possibilities we have to even allow them to be a part of this operation. We have been granted approval to use space at Overton elementary -- classroom space during off hours.

[3:59:05 PM]

And our intent is to use space to begin really providing some of what we call the soft services. Because we will have a classroom, it's not a medical facility, but we can begin some of the services around prevention, education, screening, and map eligibility enrollment, and a number of services. Plus, it can set the stage, really, for us to do more in our next phase. So we intend, over the next 90 to 120 days, to define a scope of service, identify our partners. Also at that point look at our data that shows utilization in these areas that we're talking about. And again, the zip codes that we're targeting are zip code 78724, 25, 23, 702, 660, and 758. So our intent is to reach as many people as we can with this effort. And as we develop our scope of work, then we will be bringing that information back to you, to the central health board, to Travis county. Commissioner Jeff Travillion has been very supportive. So those next steps. And it is our intent, before this calendar year, to have something on the ground that's launched that at least gets us started. Long-term we're looking at a facility, brick and mortar. And again, with the partners to help us. So, that's our plan.

>> Houston: Thank you, Mr. Wallace. Are there any questions for Mr. Wallace? Councilmember kitchen.

>> Kitchen: I'm sorry, mine is for Mr. Jones, so.

[4:01:10 PM]

My question is just -- it's actually just sort of a request, not to answer right now. But if there's any anticipated resources that the city needs to do this over -- in the next budget cycle, that would be helpful to know so that we can start planning for that. I want to applaud everybody's effort on this. This is really something that needs to move forward.

>> I've met with and spoken with Stephanie Hagen, who will be the interim director is aware of this and will be bringing forth, through the process, any additional requests and resources that will be necessary for that effort.

>> Kitchen: Okay. Thank you.

>> Mmhmm.

>> Houston: And Mr. Jones, while you're standing there, could you tell us where the site is now, and how often there are options for people to come and get some medical care?

>> Well, presently, we have -- we provide mobile services at the turner Roberts location, which is over there at colony loop. We're there roughly once a week. Central health -- and you can correct me if I'm wrong, Larry -- has an operation through community care once a month at turner Roberts. And so that means that once a month -- I think it's the first Monday of each month -- they have services. Those

services are maximized, so there's not an opportunity to do much more than that, because resources and space doesn't allow it. And so that's what is currently there. The goal is, of course, as Mr. Wallace has said, is to expand those opportunities in the location on an interim basis with a long-term plan to make a permanent investment in that part of the city and the county to be able to expand services in that area.

>> Houston: So I'd like central health to verify, because I was there on the first Monday of the second Monday, and there was nobody there.

[4:03:12 PM]

They told me that they were there on the second Thursday of a month, but I've not been able to confirm that, so.

>> Yeah, I'm not sure, you know, the exact date that they're there.

>> Yeah. We can get that answer. Community care is the provider by way of central health. They are there one day a month. That exact day, I'm not sure.

>> Houston: But the thing is, if people are not sure, if somebody's saying the first Monday and they told me the second Thursday, I just need to be sure so we can let people know, okay? Any other questions for Mr. Wallace or Mr. Jones, or Travis county?

>> Yes, Ms. Anna is here with Travis county.

>> Houston: Thank you so much.

>> Thank you very much. Encourage your support.

>> Houston: Now I think it's time to take up the staff briefing regarding the creation of a public health advisory commission.

>> Okay. Same person talking.

[Laughing] I wanted the opportunity to discuss this with a couple of you regarding the -- a possible advisory council commission to address public health issues. As I leave, one of the things that I think is important to acknowledge is that presently, when you look at all of the boards and commissions of the city of Austin, there is not an advisory commission that focuses in on public health. And so the goal here is to encourage your consideration not necessarily for a local city commission, but one that will service the city and the county, and the municipalities therein to. Presently, we are the public health agency for the city of Austin and through an interlocal, provide public health services to the county of Travis.

[4:05:12 PM]

In that capacity, we provide services. We also provide recommendation and advice. There is no independent vetting process, either to council or commissioners court, to focus in on public health activity. And so today we want to talk about the possibility of an advisory commission, if the council is interested, to be independent of and to provide recommendation to the council and commissioners court should they decide to support such information. Now, the proposal is to establish an advisory commission that focuses on supporting the local public health system to address resources, regulation, and policy. As I said -- oh. Thank you. As I said earlier, presently there is no independent commission or advisory group here locally that does that. Most of the recommendations come from our department, which we feel are quite competent and give you that. But it doesn't involve citizen involvement. And so here's an opportunity to involve and engage citizens and others in terms of recommendation. The need is the public health system addresses multiple factors that address health, and there is a dynamic relationship between people and their environment. Possible seclusions, while there are multiple groups working to improve health status, there is a need to advise city and county government, as well as nonprofit organizations on public health and human services needs and approaches for improvement.

When we talk about proposed responsibilities, these are just recommendations, obviously. And this is for your consideration, obviously. One is to monitor public health status of Travis county. We are the fourth-largest county in the state and a very dynamic county, one of the fastest in the state and there's a lot going on. It also would explore best evidence-based practices for areas that need improvement.

[4:07:15 PM]

And so what are those type of examples? Things regarding bioterrorism, Austin the capital of a safe Texas is a very prime and hot target for bioterrorism. Environmental regulations. Constantly we come before council and commissioners court asking about fees and regulatory policies without an independent vetting process. Epidemiology, reporting on data on a variety of activities. Immunizations, what is the status of our immunization level in our county and what things we can and should be doing to address that and to help you and the community understand those things. Infectious diseases, things that we've talked about earlier, chlamydia, tb, these things we have an opportunity to vet, the same as with your public safety commission. There is a vetting process by which citizens can be involved. Presently, that does not exist when we talk about public health. This commission could inform policy-makers, administrators, and public at large about the status of the public health system. At least quarterly, make formal recommendations to approve overall health including programs, initiatives, project regulation or services governing the entities. We just talked today about the possibility of a clinic in northeast Travis county. We've come to you many times to talk about raising fees or regulation regarding local vendors and the like. This would be an opportunity to have this vetted prior to coming to council. Now, who would be the governing bodies to which this information could be shared? Of course, Austin city council, Travis county commissioners court, the Travis county healthcare district known as central health, the state legislative representative from the community, and, of course the fellow government. These would be opportunities for this commission to provide input to them as well as to yourself in terms of the local feedback on that.

[4:09:18 PM]

Now, obviously the membership would be set up to the governing bodies. And so we're just talking about some of the possible options. There are no recommendations. This is just for consideration. But the members of the commission should have experience, expertise, or education in public health, healthcare, and/or social services. They should be community based, so even if they don't have those areas as mentioned earlier, it is important that these citizens are interested in those areas. The composition should be balanced between a representative of a broad range of health and health and human services issues as they are in public safety. Prospective members should be residents of the city of Austin and Travis county. This is just a proposed membership appointment arrangement. By no means, obviously, would it have to follow this. This is consistent with what you do with some of your other boards and commissions, but maybe a five to seven community leaders as one member from appointed by council, one by commissioners court, one by central health, one by one voice, one by council and commissioners court, one nominee by city resident such as from the community development commission. Members nominated by county residents, considering adding this example for the community development commission. Three nonvoting ex officio members. One would be the Austin public health director, would be a nonvoting member. Travis county health and human services county executive, and the central health executive officer -- chief executive officer. The Austin public health could support the commission with existing resources. Support would include providing a staff liaison similar to what we do for this commission for the city of Austin, the city clerk's office, and Travis county clerk's office. Provide support for meeting preparation during meetings including drafting

agendas with the commissioner chair, taking minutes, reserving meeting space, ensure meetings and posting in compliance with open governments, support commission communications, recommendations, and applicable.

[4:11:32 PM]

So this is things the staff could do to support such a commission or council should you decide. In summary, a city/county health advisory commission to support local public health system to address resources, regulation, and policy as I said. Public health is a dynamic field and it's important, I believe and I think many in our community, that we have an independent body that voices, addresses, and provides expertise to you in this area. The balanced membership representing board and the broad health and human services interests, not just the area of health, but the whole public health arena, regulation, enforcement, chronic disease and infectious disease. Make formal recommendations to improve overall public health as indicated before in program initiatives, projects, regulation, and services. And this would be supported by the public health staff. So that's just sort of a summary of the concept of a public health commission that you may want to consider in terms of helping you in the policy formation, the recommendation for resources and services that would serve the citizens of Austin. And so I bring it to you for consideration as you consider your other policy decisions over the next months and years. And with that, I'll entertain any questions.

>> Houston: Thank you, Mr. Jones. Are there any questions? Councilmember kitchen.

>> Kitchen: I think this is an interesting idea. So, have there been conversations with the county, or central health, or any of these other entities about having such a body?

>> We have not spoken with them. We wanted to start with this council as the public health agency of the city to get your feedback and your thoughts. Pending on that, we will certainly go and talk with them. We have talked with them about the whole concept of a philosophy of public health countywide, but specifically how it would be structured, what it would be composed of, how people would represent it, we have not had that level of detailed discussion.

[4:13:35 PM]

>> Kitchen: And do you think -- so a group like this could be very effective. Can you help me -- give me some ideas, or maybe some examples of how you think it would be helpful.

>> Okay. We come from time to time to talk about the regulation of restaurants, for instance, sipa, it's in place. We're going to be talking about e-cigarettes. If you had an independent body of citizens and public health professionals who could vet the discipline, the knowledge base, look at what's going on around at the country and around the nation and around the state, and then come back to the council, say this is what we think regarding this recommendation that would come from the city or from another department, then that would be an opportunity to give you additional input in terms of your final decision process, similar to what you do for public safety commission.

>> Kitchen: Yeah.

>> Where you get feedback from them before you make decisions. So that would be a similar kind of thing. That's just a regulation. In the area of service delivery we've talked about a clinic in northeast Austin and Travis county. Here would be an opportunity for them to take some of the data we've shared as well as other, vet it, get community input, and to come back and say this is a recommendation we think that needs to be addressed by council, and then they would make the recommendation as well. So it would be in that capacity, such a commission or an advisory council. I emphasize advisory council. The goal is not to make a city commission, unless you chose to do that. But since the public health doesn't stop at county jurisdiction, nor does it stop at city limits, this could be an advisory council that could

service the whole of Travis county, not just the city of Austin as well. And that would be a decision, obviously, for the jurisdictions to make.

>> Houston: Do you have another question?

>> Kitchen: Yes, but I'll let someone else.

>> Houston: Anyone else have a question?

>> Kitchen: Go ahead.

>> Houston: It's very interesting, because otherwise that would be coming to us as the city to vet.

[4:15:41 PM]

And that would not be holistic in taking what's going on in the county. And since we're all into the county, it seems like that's the best way to do it. But I've never heard it, you know, talked about in a way that it would be a joint commission. Do we have other joint commissions that -- where the city and the county, and central health would work together to look at a public health --

>> Not from public health. We work with a preparedness, a collaborative effort, but it's not a commission. It's an organization. We have the city/county -- the city and joint committee. But for public health we don't have one that does just that.

>> Houston: Mayor pro tem.

>> Tovo: Chair, I believe our early childhood commission is -- includes some county appointees as well.

>> Yes. I mean, there are other commissions that incorporate that, but there's none that focus just on public health as a holistic approach. The goal here -- we acknowledge there are health issues that commissions address, the HIV planning council, that transcends just the area. When we talk particularly about public health in and of itself, there's not one that focuses on that. Some of the areas we talked about are terrorism, infectious disease, chronic diseases, health planning, those things, would go a long way to synergize and encourage those efforts on a holistic approach.

>> Tovo: I was just remembering the animal affairs commission is also --

>> Animal advisory.

>> Houston: It's more city than it is county, though.

>> Tovo: Yes.

>> Houston: But I think what you laid out here is very interesting, because, you know, we think about -- we hear about bioterrorism all the time. And we know that Austin, as the capital, is, you know, probably in somebody's sights. But I never thought about how we would organize that countywide to make sure that we all know what we're supposed to do and everybody . . .

[4:17:45 PM]

>> Well, the purpose of the commission would be to vet recommendations from the committee. We bring recommendations to you, to commissioners court, we bring recommendations in some cases to some of the municipalities within Travis county outside the city of Austin. But the question is, a commission that would look at the county holistically and make recommendations as it relates to cross-jurisdictional. You may choose that you want to do something just for the city of Austin. Obviously, that would be your determination. But our suggestion is you could do either/or. But the goal here is to encourage you to consider a body that will look at public health issues, because when we look at this, we look at it siloed, as mayor pro tem indicated. We talked about animal services issues, we talked about early childhood issues, we talk about HIV issues, but we don't look at the population as a whole in terms of recommendation. When we talk about public safety, we do look at the role, the interaction between police, fire, and EMS. We don't do that with public health and the goal is to have a process to encourage looking at that as a holistic approach.

>> Houston: Thank you. Councilmember kitchen.

>> Kitchen: I think that the value of this kind of group would be dependent upon a couple of things. First off, I do think it would need to be across the community. Otherwise I'm not seeing it as adding a lot of value if it was just for the city. I would also think that it would need to have enough weight that the different bodies will listen to it. And I think that some of that depends on -- I would be thinking of it as a body of people that have some expertise, you know, in the area as well as of course we want community reputation. But that sounds like that's what you had in mind. Is that right?

>> Exactly.

>> Kitchen: Well, I don't know how my colleagues feel about it, but I personally think it's worth pursuing.

[4:19:46 PM]

You know, I've been involved in collaborative entities across the city. And I think that that kind of action is -- can be very powerful. So I would suggest that we consider moving forward with it. I don't know what your next steps are, but . . .

>> I presented to you our interim director Stephanie is here. I've encouraged her to continue to work with the committee to talk about what opportunities there may be. So I would encourage you to consider it, because I do believe in my years of experience here it would go a long ways to help synergize the issue of public health in this community. That's why we wanted to make sure we got it to you.

>> Houston: One of the things you said was you wanted to get our feel on it, our read on it, and then you would begin to talk with the other jurisdictions about --

>> Correct.

>> Houston: Their feelings. So can I just -- I don't think we're scheduled to vote, but can I get a nod whether this is something that we think needs to be at least explored further with Travis county and central health?

>> Garza: I have a question. What does community action do? Do they have appointees?

>> Kitchen: They're not focused on public health at all.

>> Garza: Okay.

>> Kitchen: And I wouldn't see it as an overlap.

>> Garza: Okay.

>> They're primarily data reporting. As councilmember kitchen said, they're not public health focus only. They do a variety of activities.

>> Houston: Mayor pro tem.

>> Tovo: I mean, they do have interest area groups. And some of those may be public health related. Early childhood is one of them and others. I agree there may not be overlap but I want to be clear that they really do address a range of relevant topics.

>> Yes.

>> Tovo: And they do put together -- what's it called, the dashboard, which is data-driven, but they are a group for different issues that are focusing on issues more holistically.

[4:21:58 PM]

>> Houston: But I think that this is outside of the purview of C.A.N.

>> Kitchen: I agree. They do a lot of very valuable things for the community, but this kind of activity would not fall into -- I don't think that can could tackle this kind of -- it's not in their scope.

>> I don't speak for them, but I agree that I think that their scope is a little more broad. And one of the reasons we want to emphasize is to focus on public health. We have a focus on public safety, on education, we have a focus on a variety of social services, even. But the public health arena, particular in

this community, is one that we want to make sure that we elevate as well, equal to the other areas -- disciplines in our social determinants.

>> Garza: So I guess the feedback I would give is I would defer to your expertise, because if you feel that this is something -- and all the other partners feel like this is something that would be helpful, I would support it. My only feedback -- and I know these are just suggestions -- is with the appointment of the members, one voice does great, great work. And they have so many members. But I think we would have a member of them on this board probably anyway. And I would just be concerned about calling out one specific group and how other people who maybe are not in that group would feel about that. But my assumption would be there would be a member of one voice by all these -- probably -- with one of these other appointments.

>> That's a great point. We just put these as recommendations for consideration. By no means is it something that we're recommending totally. We just use those as examples of organizations that may be part of such an entity.

[4:24:02 PM]

So we would -- the department would get back to you once there is consensus, if there is consensus, from the other governmental bodies in terms of what that might look like. The goal here is to get it discussed under way so that our recommendation can ultimately come forth.

>> Garza: And obviously this would be the decision of the governing bodies, but was the intent -- one member appointed by city council, it would be a councilmember or the city council would appoint any person that they chose?

>> Kind of similar to what you're doing currently, council would appoint a member to be part of that.

>> Garza: A member of council?

>> No, an individual citizen.

>> Garza: Okay, thanks.

>> Houston: So, Mr. Jones, it looks like we are in support of you moving forward. Ms. Hayden.

>> Yes, Ms. Hayden is here to hear that and we will share with her what we've got to this point. And I'm sure she will do, as she has done, an excellent job in moving forward and getting a recommendation to you after discussing with other partners.

>> Houston: Great. We appreciate that work. Thank you so much. And thank you, partners, for being here this afternoon.

>> Thank you.

>> Houston: Thank you so much. Discussion of future agenda items. On our next meeting we're going to try to take up the central board of managers. Hopefully you all have identified some people and given those names to Merna so that she can go through her matrix and schedule her interviews. We're looking at Monday, may the 8th. If you have any conflicts on that time to be able to spend some hours interviewing the people? You're available? Okay. Mayor pro tem?

>> Tovo: I wanted to ask a question about that. Given that we've done some interviews twice now, I think, and continue to keep the position open to look at, I wonder if it would be productive to try to meet first before we schedule those candidate interviews and talk about our nominees.

[4:26:16 PM]

I don't know whether we would even have the opportunity to do that between now and may 8th, but that might help us come together and maybe identify some goals. I throw that out for your consideration. We don't have to resolve it now. It's just a thought.

>> Houston: We were going to try to do that this afternoon, but it didn't get posted. We were going to try to look at our top three or four, how many, and then just go back in executive session. It didn't get posted that way, and so we're going to have to find another date that you would be available. So if you all could give us three dates that you might be available to have those kind of sitdown conversations, we'll get it posted for an executive session. If you can give those dates to Merna, then she can schedule us. And before the may 8th date. Just three dates or something.

>> Garza: Yeah. I think that's a great suggestion, because some of these candidates we might have been interviewed for the third time, and I don't think we should . . . I mean, we should obviously consider them if they make our top five, but I don't think we should ask them to come interview. Because we basically ask the same questions, so.

>> Houston: And I separated mine out to those that have interviewed before and those who are new. So I've given mine to them already. And I think you have, too, councilmember Garza.

>> Kitchen: I'll get that done. I didn't realize the process. My apologies.

>> Houston: That's okay, you're new. But I think you have --

>> Kitchen: I've got the stacks, I do.

>> Houston: Some of them have been in the process before, and so we can help you, kind of --

>> Kitchen: Okay.

>> Houston: Pull those out, and then you look at those, and then the new ones, and give her the five names.

>> Kitchen: Five names, okay.

>> Houston: Or less.

>> Kitchen: Up to.

>> Houston: Up to five. And then we need to discuss the possible agenda items for June 14th.

[4:28:19 PM]

>> Garza: I have a suggestion. As budget approaches, I think it would be great to have a presentation from public health, specifically that the resolution that the previous council approved -- well, I guess I'm on my second term, so is the previous council me? The resolution that said we should be investing more in our health and human services -- it would be nice to see, you know, where we are in our budget. I know we've increased it significantly, so if we could have a presentation, maybe, that shows, you know, what we've increased and what, according to that resolution, we should consider increasing it further to meet the intent of that resolution.

>> Houston: Okay. Anything else? I have given you all two resolutions that came to us in October of last year from human rights commission that gentrification is a human rights issue. I just handed those out so that you can kind of look at them. Because of central health, they've been pushed off the agenda several times now. And I just wanted to make sure you had a copy of that. And that probably will come up on that meeting, to have them come and talk to us about what their concerns. And if you have anything else, if you'll just let me know, Bob has been out on jury duty. I want to thank the young ladies for trying to get this meeting coordinated. And you did a pretty good job there. We all are here. And now we all get to go home early. Are there any other things that we need to discuss before we adjourn the meeting? No? What time is it?

>> 4:30.

>> Houston: The meeting is adjourned at 4:30. Thank you so much for coming.